



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6504
603-271-4673 FAX: 603-271-4859 TDD Access: 1-800-735-2964

Enclosed is an application for a beverage registration with the State of New Hampshire. Please complete the application and return it with all applicable attachments and the registration fee of \$140.00 made payable to **"TREASURER, STATE OF NEW HAMPSHIRE"**. All beverage registrations expire on the first of January after the year of issuance. Each facility must be registered separately.

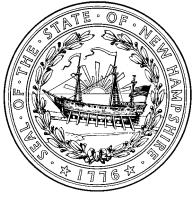
RSA 143:9 Beverages and Beverage Concentrates. The term "beverage as used in this subdivision shall include all still and carbonated drinks; fruit juices and all beverages compounded therefrom; all bottled waters whether for medicinal or table use; and all packaged liquids intended for use in the manner of drink. Milk and unmixed products thereof, and fruit juices and water retailed exclusively by the producer or manufacturer direct, are not included. The term "beverage concentrate" as used in this subdivision shall include all concentrated fruit juices, fruit-flavored and other syrups, and compounds and mixtures in concentrated form, put up in packages for retail sale and which are intended as a basis for the preparation of a beverage. Flavoring extracts for general culinary use are not included.

RSA 143:12 Registration by Non-resident Vendors. No beverage or beverage concentrate, for retail sale, manufactured out of the state, shall be sold or offered for sale within the state unless the same has first been registered by its manufacturer or by *the manufacturer's* agent with the department of health and human services. Such registration shall be in form similar to that provided in RSA 143:11 and shall be issued subject to suspension, revocation, and cancellation as elsewhere specified in this subdivision for licenses. An annual registration fee of \$140.00, to defray the cost of inspection and analysis of all the products of the same manufacturing plant, shall be paid to the department of health and human services by the manufacturer, importer, agent or vendor.

If you have any questions, please do not hesitate to contact me by telephone at (603) 271-4673 or by e-mail at lkeller@dhhs.state.nh.us.

Sincerely,

Leah Keller, Supervisor
Beverages & Bottled Water
Food Protection Section



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BEVERAGE AND BEVERAGE CONCENTRATE REGISTRATION APPLICATION
(Each Bottling Facility Must Be Registered Separately)

(Please type or print)

Full Legal Name of Corporation or _____

Name of Company Applying for Registration: _____

(If different from above. Company name to go on registration)

Contact Person: (for correspondence) _____

Title: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Country: _____

Telephone: () _____

Fax: () _____

E-mail: _____

Bottling Facility Name: (If different from above) _____

Bottling Facility Address: (If different from above) _____

City: _____

State: _____

Zip: _____

Country: _____

Bottling Facility Contact Person: _____

Title: _____

Telephone: () _____

Fax: () _____

E-mail: _____

Emergency After Hours Contact Name and Telephone Number: _____

Type of Product(s) Bottled: (i.e. spring water, juice, soda, etc.) _____

Source Of Water If Product Is Bottled Water:

(Including name of source, if applicable) _____

Complete List of Product(s), Including Brand Names, Produced At Above Plant. Attach additional sheet if necessary.

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

PLEASE ATTACH THE FOLLOWING:

1. Copy of sanitary inspection conducted by the regulatory agency or third party audit organization, or health certificate or letter from regulatory agency certifying compliance with local regulations issued within the previous 12 months.
2. A copy of each type of label for products sold in New Hampshire.
3. \$140.00 fee made payable to **"Treasurer, State of New Hampshire"**.
4. Copy of complete analysis of finished product if product is bottled water.
5. Letter of approval of bottled water source from local, state, provincial or national government agency with regulatory authority over the source including approval for designation of spring water if the water is labeled as such.
6. If the product is bottled water, a detailed description of the source as either part of a narrative or a hydrogeological report.
7. Copies of any FDA approvals issued relative to labels making claims of medicinal or health giving properties.

I, (print name & title) _____, **certify that all information provided in or attached to this application is complete, accurate and up-to-date as of the date specified below. I further certify that there are no willful misrepresentations of the answers to questions herein, and that I have made no omissions with respect to any of my answers to the questions presented. I understand that it is my responsibility to immediately notify the Food Protection Section, Beverages & Bottled Water Program with regards to any changes, corrections or updates to the information provided.**

SIGNATURE OF APPLICANT: _____ **DATE OF APPLICATION:** _____

DO NOT WRITE BELOW THIS LINE

Date received: _____
Date issued: _____
Reviewed by: _____

Check number: _____
Registration number: _____
Date Reviewed: _____

Amount: _____
Audit no.: _____